

## Catering Event Order Form–Aramark

Phone: 7-4628

Fax: 7-8364

### SECTION 1

Organization	Today's Date	Date of Event	Time of Event: to	
Purpose of Function (e.g., formal working meeting, training, retirement, educational event)				
Name of Requester	Phone	Fax	MS	Email Address
Number of LANL Participants		Number of Outside Participants		
Location of Event				
Signature of Requester ( <i>Required</i> ) (see note below)		Z Number		
Signature of Approval ( <i>Level of Authority:</i> <i>DGL or above, No exceptions</i> )		Z Number		
<b>NOTE:</b> Signature denotes understanding of LANL meal policy and certifies the above function complies with policy, found at <a href="http://cfo.lanl.gov/accounting/FINAL_MEAL_POLICY-03-07-01.pdf">http://cfo.lanl.gov/accounting/FINAL_MEAL_POLICY-03-07-01.pdf</a>		Cost Center: _____ Use your organization's codes for regular requests. Obtain charge code and approval from: Program Code: _____ Cost Account: _____ • your budget analyst to use morale funds. Work Package: _____ • the Benefits Office, 7-8622, for retirement/service awards.  Cost Estimate: _____ (refer to quote/attachment from vendor)		

### SECTION 2 (additional space on page 2)

<b>Menu:</b>		<b>Service Notes:</b>	
Time of Delivery		Location of Delivery	
Delivery Location Contact		<b>IMPORTANT!!</b> For additional details see <a href="http://www.aramarkcafe.com/losalamos/index.cfm">http://www.aramarkcafe.com/losalamos/index.cfm</a> or call Aramark @ 7-4628	

### SECTION 3 (BILLING INFO)

(ARAMARK completes)

Total Participants	No. of Meals B L D Recpt	No. of Refreshments AM PM	Price per Person B L D Recpt Refresh	\$
Delivery/Set-up				\$
Expedited Delivery Fee				\$
TOTAL				\$

**Menu (cont):**

**Service Notes (cont):**